

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR -4 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000072173

**1. Corporation Name**

FILTERS GALORE, INC.

**2. Principal Office Address**

2399 S.E. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Stuart, Fl.

Zip

34996

Country

Martin

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/27/96

**5. FEI Number**

65-0700078

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

WERLE, R.C.

Street Address (P.O. Box Number is Not Acceptable)

1047 S.W. WOOD CREEK DRIVE

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

000005110850-4

-03/15/02--01025--029

\*\*\*\*300.00 \*\*\*\*300.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Rayma Werle*

Date 3/1/02

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	WERLE, RAYMA	1047 S.W. Wood Creek Dr.	Palm City, Fl. 34990
Vice			
Pres.	WERLE, FLORENCE	249 S.E. TRESSLER DR.	STUART, FL. 34994

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

*Rayma Werle*

Rayma Werle

3/1/02

561-781/6976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

20f2

***FILTERS GALORE, INC.***  
**2399 S.E. Dixie Hwy., Stuart, Fl. 34996**  
Phone: 772-781-6976 Fax: 772-561-5093

March 1, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

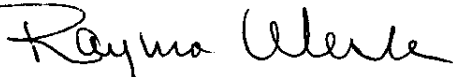
Re: 65-0700078

Dear Sir or Madam:

Due to not receiving the 2001 Uniform Business Report, our corporation, Filters Galore was dissolved in September of 2001. For some reason the post office returned two notices and you have a record of the reports coming back to you as undeliverable.

For this reason, I ask you to waive any additional fees and accept the enclosed check for \$300.00 (\$150.00 for the year 2001, and \$150.00 for current year 2002) to reinstate our corporation. In addition, I am changing the mailing address for our physical address, so that this will not occur again.

Thank you for considering my request.



Rayma Werle,  
President

encl.